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ABSTRACT

Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)

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Demography and Social Science

Barnett, Harold J. "Population Problems —Myths and Realities." ***Economic Development and Cultural Change*****, 19 (4): 545–559. July 1971. 16-1**

Much of the current rhetoric about population growth, economic development, and environmental deterioration suffers from fuzzy thinking and colorful propaganda and obscures the real socioeconomic issues. Population growth is popularly viewed as causing declining economic growth due to the law of diminishing returns. This presumes at least one fixed productive factor—usually natural resources. But history has shown this to be a false presumption. Increased technology has caused exploitable natural resources to grow even faster than population, and in modern societies each generation has left the next generation with about twice as much wealth. It is still likely, however, that populations grow much more rapidly than is socially and economically desirable since parents make the decision on how many children to have and when to have them based on their own calculations of private costs and benefits. An additional child, however, causes many costs that are borne not by parents but by society such as schooling and damage to the environment. These public costs are not accounted for by conventional approaches to family planning which encourage couples "to have only the number of children *they* personally desire and they personally can care for."

Developing countries have severe shortages of capital and skills and very high population growth rates. Nevertheless, they *are* developing—accumulating capital and skills. Just as has occurred in modern societies, this accumulation will both improve their capacity to accommodate larger populations at higher living levels and lead to lower birth rates. The fear of "not enough time" (to defuse the population bomb) is misfounded. The real population problem is that the "technologically advanced world which has given us increasing returns has also released problems which so far our societies and governments have not learned to handle."

Easterlin, Richard A. "Does Human Fertility Adjust to the Environment?" ***The American Economic Review*****, 61 (2): 399–407. May 1971. 16-2**

The secular decline in American fertility from 1810 to 1960 was a voluntary response to changing environmental conditions. The analysis builds on the economic theory of fertility that tastes, prices, and income determine the optimal number of children, that optimal number of children together with infant and child mortality conditions determine the optimal number of births, and that the extent to which actual births exceed optimal births depends on attitudes toward and extent of information about fertility control practices and the supply conditions of such practices. Analyzing the ratio of children under five to women 20–44 years old (the fertility measure most generally available) for the rural and urban white population in each geographic division from 1800 to 1960 the author finds support for his expectations that basic fertility determinants (cost of children, fertility control practices, and factors other than income change influencing taste) vary among four kinds of locations—frontier areas, settled agricultural areas, new urban areas, and old urban areas—in such a way that fertility tends to be progressively lower as one moves from the first location to the fourth. Both theory and empirical research point to the American fertility decline as reflecting not only urbanization and industrialization but a voluntary human response to changing environmental conditions as settlement progressed. "If this is so . . . the nature of . . . 'the population problem' takes on a radically different guise . . ." from "one of human beings breeding themselves into growing misery . . ." to one of "whether the voluntary response of fertility to environmental pressures results in a socially optimal adjustment."

Hastings, Donald W. "Child-spacing Differentials for White and Non-white Couples According to Educational Level of Attainment for the 1/1000 Sample of the United States Population in 1960." ***Population Studies*****, 25 (1): 105–116. March 1971. 16-3**

The time intervals between marriage and first birth and between subsequent events of a sample of 14,488 white couples and 952 nonwhite couples from the 1960 Census is used to determine the relation between parity and child spacing by level of education. Nonwhites spaced their events at shorter intervals than whites, especially when both spouses had not received a high school diploma. The age of the mother, duration of marriage, and parity operate as biological and temporal limitations upon subsequent fertility and child spacing performance and, indirectly, couples' level of educational attainment discriminates child spacing differentials between whites and nonwhites.

International Labour Office. ***Problems of Employment Creation in Iran.*** **Geneva, 1970. 86 pp. 16-4**

The fourth in a series of employment research papers has been prepared by William H. Bartsch and sponsored by the International Labour Office to explore employment problems and programs in developing countries. It examines the relation between demographic data and employment problems and concludes that even with the high rates of economic growth experienced in Iran, continued unemployment and underemployment can be anticipated in view of the estimated and projected high rates of population growth. The Second Seven-Year Plan (1955–1962) and the Third Five-Year Plan (1962–1968) and their accomplishments are examined for employment-producing effects. Employment prospects under the current Five-Year Plan (1968–1973) are evaluated.

International Union for the Scientific Study of Population. ***International Population Conference, London 1969.*** **Liege, Belgium, 1971. 4 vols. 16-5**

Proceedings of the 16th general conference of the International Union held in London 2–11 September 1969. The 240 papers printed in full and 32 in summary are organized into 41 sessions including: Population Mathematics, Problems of Data Collection in Developing Countries, Fertility Trends in Developed Countries, Fertility Trends in Africa, Methods and Results of Surveys for Evaluation of Family Planning, Demographic Aspects of Women's Employment, Education and Demography, Changes in Household Structure and Household Size, Historical Demography: Studies Before 1800, Amount and Structure of International Migration, Internal Migration and its Correlates, and Demographic Aspects of Urbanization.

Keyfitz, Nathan. "Migration as a Means of Population Control." ***Population Studies*****, 25 (1): 63–72. March 1971. 16-6**

"That it makes a difference to ultimate population whether out-migrants are of fertile ages or not is well known. The present paper develops expressions for the effect on ultimate population of given numbers of out- or in-migrants, expressed as a function of their age. The age effect is appreciable, but is not sufficient to encourage a policy of moving people. Neither internal movement within a country nor movement to foreign

countries is a substitute for contraception as a means of population control." (Author's abstract.)

Kiser, Clyde V. "Changing Patterns of Fertility in the United States." *Social Biology*, 17 (4): 302–315. December 1970. 16-7

Between 1800 and 1936 fertility in the United States was characterized by a slow, continuous decline. After 1936 fertility levels began to rise, partly facilitated by a decrease in both marriage age and the interval between marriage and first birth. Following 1957 fertility again declined with marriage and marriage—first birth intervals increasing.
There is currently a narrowing of fertility differences by socioeconomic status for white women, although this result does not apply to younger white women from 1950–1960. A corresponding narrowing cannot presently be discerned for nonwhite women. Differential fertility by socioeconomic status may be a transitional component of the demographic transition; thus, the demographic transition may be partly determined by changes in education and occupational distributions.

Norton, Arthur J. and Robert O. Grymes. "Sociology Uses of Family Data from the Current Population Survey." *Journal of Marriage and the Family*, 33 (2): 387–390. May 1971. 16-8

"An exposition of the types of family statistics derived and published annually from the Current Population Survey of the Bureau of the Census. The authors discuss the Bureau's Current Population Survey (CPS) in terms of its relevancy and value to sociologists interested in the field of family studies. Recent improvements in data collection and processing techniques, as well as a discussion of the wide range of social and economic variables relating to family studies and obtainable from the CPS for the national population are presented. It is pointed out that the CPS is, and can be, an important source of recurring family data for supplementing independent research in many related fields.
"The Census Bureau's household and family projections program is discussed and a brief demographic sketch of the family in America in 1970 is offered as an illustration of the nature of the data currently available in the CPS programs and the 'Current Population Reports' publications." (Authors' abstract.)

Tachi, M. and M. Muramatsu (eds.). *Population Problems in the Pacific: New Dimensions in Pacific Demography: Proceedings of the Congress Symposium No. 1 and Divisional Meeting of Section VIII, no. 5, 11th Pacific Science Congress, Tokyo, August 22–September 10, 1966.* Tokyo: Institute of Population Problems, Ministry of Health and Welfare. 1971. 510 pp. 16-9

A volume of 74 papers presented at the 11th Pacific Scientific Congress from 22 August to 10 September 1966 in Tokyo is arranged under five headings: (1) "Population Dynamics," including growth, fertility, mortality, migration and urbanization; (2) "Population Control," including needs, plans, programs, analyses and evaluation, means of control; (3) "Food, Development and Population;" (4) "Resources for Research and Training;" and (5) "Questions of Past and Future Public Lectures, Tokyo University."

Human Reproduction and Fertility Control

***American Journal of Public Health*, 61 (3). March 1971. Section on abortion including the following articles:**

Overstreet, Edmund W. "Logistic Problems of Legal Abortion." 496–499. 16-10

In California the annual number of therapeutic abortions increased from 600 before legalization to an estimated 60,000–75,000 expected in 1971, creating overwhelming logistical problems. The law mandates hospitalization of the patient and adjudication of eligibility by a two- to three-member hospital committee, requiring 120,000 extra bed-days, plus adjudication and medical personnel. Shifting of overload patients to larger metropolitan hospitals has reduced their general medical services capabilities.
New techniques for terminating pregnancies of ten weeks or less have made possible outpatient abortion services in hospitals, with patient stay ranging from 1.1 to 5.4 hours at a cost of $250 or less. Patient delay, however, often precludes outpatient handling and as laws become more liberal to include outpatient abortion clinics, it will be more difficult to maintain adequate standards.

Smith, Roy G., Patricia G. Steinhoff, Milton Diamond, and Norma Brown. "Abortion in Hawaii: the First 124 Days." 530–542. 16-11

Preliminary report on 1192 abortions in the first three months after legalization includes incidence of complications, demographic characteristics of patients, and reasons for termination.

Tyler, Carl W., Jr., and Jan Schneider. "The Logistics of Abortion Services in the Absence of Restrictive Criminal Legislation in the United States." 489–495. 16-12

Judging by studies of other countries where abortion has been legalized, the recent changes in attitudes and legislative restrictions in the U. S. presages an increasing demand for abortion services at an estimated 1,700,000 annually, considering current therapeutic abortions, estimated criminal abortions, and estimated unwanted pregnancies.
To provide safe abortion services requires adequate standards of public education, patient counseling and referral, safe surgical care, including pre- and postoperative evaluation, and contraceptive counseling. These will call for increased technical training of medical and nonmedical personnel, surveillance of abortion care, research in abortion technology, and some basis for funding service costs which may reach 1.2 billion in five years. Public funding up to one-fifth of this is likely to be needed but will be offset somewhat by reduced spending for criminal abortion complications and maternity care for unwanted pregnancies.
The American Public Health Association Maternal and Child Health Section's Committee on Population and Family Planning recommends the acceptance of safe legal abortion as an essential component of MCH services with the corollary provision of the necessary funding.

Ansbacher, R. and C. Campbell. "Cervical Mucus Sperm Penetration in Women on Oral Contraception or with an IUD *in situ*." *Contraception*, 3: 209–215. March 1971. 16-13

In vitro sperm penetration through cervical mucus of women employing either oral contraceptives or IUDs was compared to values obtained with infertile women and those using no contraception. Penetration values were judged as low, medium, or high. In all groups a clear majority of women had medium to high sperm penetration at midcycle. Women on either sequential or combined pills had high penetration in the early part of the cycle as well. Women with IUDs had higher penetration than expected throughout the cycle.

Broderick, Carlfred B. and Jessie Bernard (eds.). *The Individual, Sex and Society*. Johns Hopkins Press, 1969. 406 pp. 16-14

The Sex Information and Education Council of the United States (SIECUS) has a declared objective of understanding human sexuality in the context of the whole individual. In accordance with it 18 articles are grouped into four major categories to provide guidelines around which sex educators can organize educational programs: Teaching about Sex, Questions of Standards and Values, Normal Sexual Functioning, and Problems. Each section has an introduction and a list of suggested readings.

Jost, Alfred. "Reproduction (II): Human Control of Reproductive Processes." *Impact of Science on Society*, XX (4): 267–278. October–December 1970. 16-15

Research originally designed to limit fertility and sterility has now broadened into areas such as the hormone treatment of female sterility, artificial insemination, preselection of sex of offspring, test tube fertilization, and clonong (the production of two identical offspring). Possible results of work being carried out are the development of sperm banks to encourage both artificial insemination and selective breeding, the ability of women to bear children other than those personally conceived, and the prospect of one child having more than two parents.

Karim, S. M. M. and G. M. Filshie. "Therapeutic Abortion Using Prostaglandin F_2-alpha." *The Lancet*, 1 (7639): 157–159. 24 January 1970 16-16

Fifteen consecutive pregnancies were terminated with intravenous infusions of prostaglandin F_2-alpha (50 micrograms per minute). Abortion was successful in 14 cases and complete in 13. Diarrhea or vomiting were the only side effects noted, and they appeared in seven cases. This experience is too limited to recommend the use of prostaglandin F_2-alpha for routine use, and a larger trial is desirable.

Kesseru, E. and A. Larranaga. "*In Vitro* Sperm Migration in the Human Cervical Mucus with Different Contraceptive Methods." *Contraception*, 3: 195–208. March 1971. 16-17

In vitro sperm migration at midcycle in the cervical mucus collected from women using either steroidal contraceptives or IUDs was

compared with migration in women using no form of contraception. In general migration was greater in women on sequential pills (under estrogen influence) and lower in women on either an oral or injectable progestin regimen. Although uterine migration in the IUD group varied widely, means did not differ significantly from control values. The implications of this study are discussed as are the findings of other investigators studying changes in cervical mucus.

Lehfeldt, Hans and Livia S. Wan. "Unusual Uterine Perforation with a New Intrauterine Device." ***Obstetrics and Gynecology,*** **37 (6): 826–831. June 1971. 16-18**

Two cases of silent uterine perforation by the Copper T Cu-200 contraceptive device occurred when the two arms of the T-shaped device penetrated the cervical canal at the level of the internal os. Neither of the patients had serious complaints, except that they were disturbed by the long threads of the device which caused disturbed intercourse. The cause of the disturbance was revealed to be the copper-wound shaft of the device rather than the threads. Perforations apparently occurred because the inserter was not introduced far enough. The exact position of the Copper T was located by hysterogram and both devices were removed easily without further complications.

Omran, K. F. and J. F. Hulka. "Tubal Occlusion: A Comparative Study." ***International Journal of Fertility,*** **15: 226–241. October–December 1970. 16-19**

Previous methods of tubal occlusion are related to a variety of techniques in rabbits and pigs, including chemical cautery, electrocautery, cryosurgery, and the application of plugs and clips. Modifications of these methods are presented with the hope of reducing the rates of pregnancy and side effects encountered in their procedures. Criteria are given for judging the merit of potential operative techniques.

Westoff, Leslie Aldridge and Charles F. Westoff. ***From Now to Zero: Fertility, Contraception and Abortion in America.*** **Little, Brown and Co., 1971. 357 pp. 16-20**

A discussion of man's capacity for reproduction and various factors influencing it—fertility, contraception, abortion, and religion, with special discussions of long-term fertility trends, black fertility, and unwanted fertility. It provides background and perspective for consideration of the effect of recent and future developments in contraception, abortion, and family planning upon U. S. growth rates and questions the need for explicit national policy. The book is based in part upon the 1965 National Fertility Study (U. S.) by Ryder and Westoff.

Wood, C., J. Leeton, B. Downing, J. Mathews, and L. Williams. "Emotional Attitudes to Contraceptive Methods." ***Contraception,*** **2: 113–126. August 1970. 16-21**

One hundred women were interviewed during the first postpartum week concerning their attitudes toward the pill, IUD, diaphragm, condom, rhythm, and withdrawal as contraceptive methods. They were asked to judge each method by each of 14 adjectives such as frightening, immoral, and messy. The pill scored most acceptable whereas withdrawal and the condom were the least acceptable. These findings may aid physicians in helping patients select a contraceptive method and also suggest several criteria for the potential usefulness of future types of contraception.

Family Planning Programs

Blake, Robert R. (ed.) and Suzanne R. Wolfe (assoc. ed.). ***Final Report: International Workshop on Communications in Family Planning Programs. Teheran, Iran, June 1970.*** **The Carolina Population Center, 1971. 178 pp. 16-22**

These papers and workshop reports focus very heavily on family planning communication strategies, programs, and issues in the Middle East and Africa. Of special interest and practical value are the simulation exercises and country work plans developed during the workshop. Two imaginary countries, with very distinct problems and differing governmental commitments to family planning, are presented as problem-solving exercises for determining objectives, deciding program strategies, selecting target groups, designing campaigns, and scheduling monthly activities in information and education. Country work programs are outlined for Ghana, Kenya, Sudan, UAR, and the Isfahan Communications Project in Iran.

Cernada, George P. (ed.). ***Taiwan Family Planning Reader: How a Program Works.*** **The Chinese Center for International Training in Family Planning, 1970. 381 pp. 16-23**

A collection of 21 articles is most likely to be of practical use to those involved in systematic program efforts to reduce the birth rate. Major subjects covered are: (1) the Taiwan setting; (2) program approaches such as fieldworkers, mass media, mailings, and a specialized information campaign; (3) administration and program control including the coupon system, cost effectiveness, and special motivational efforts; (4) program evaluation covering correlates of IUD termination, KAP and follow-up surveys, and an inventory of recent findings in Taiwan; (5) the program effect on fertility; (6) the future problem including fertility trends and implications of a zero growth rate in Taiwan. Although the examples are predominantly from Taiwan, they are applicable elsewhere in the developing world.

Fayyaz, M. ***The Impact of Motivational Campaign on Family Planning Knowledge, Attitudes and Practices.*** **Lahore: West Pakistan Family Planning Association, 1971. 81 pp. 16-24**

In three villages of West Pakistan a study was designed to: (1) assess the KAP of 1,546 fertile couples with the wife between 15 and 50 years; and (2) assess attitudinal changes in a sample of 500 wives after a family planning motivational campaign was completed and family planning mobile van facilities were established. Findings indicated a 37 percent increase in the number of women who had heard of family planning, a 20 percent increase in those who could identify the purpose of family planning, a 48 percent increase in knowledge of family planning, and a 15 percent increase in family planning practice. The study demonstrated the utility of a motivational campaign as a "short-run measure" of popularizing family planning. However, unless "large scale development programmes are initiated to change peoples' perspective the family planning programme and motivational campaigns will have extremely limited utility."

Michigan: Department of Public Health. ***Proceedings: Conference on Planning for Abortion Facilities in Michigan, at Wayne County Medical Society, April 23–24, 1971.*** **Detroit, 1971. 52 pp. 16-25**

Group reports and plenary discussions deal with (1) space, facilities, and personnel for hospital inpatient and outpatient abortion services; (2) free-standing clinic abortion services; (3) professional education and protection; (4) economics of abortion services; and (5) consumer education and protection. Included are recommendations for abortion services in Michigan.

Olusanya, P. O. "Status Differentials in the Fertility Attitudes of Married Women in Two Communities in Western Nigeria." ***Economic Development and Cultural Change,*** **19 (4): 641–651. July 1971. 16-26**

"Although the traditional fertility attitudes of the women in general do not seem to have changed to a significant degree, social conditions already exist in this society which tend to bring the disadvantages of excessive childbearing to the awareness of the women interviewed. Traditionally, the number of children a Yoruba couple should have was not a moot point; procreation was thought to depend on the blessing of God. That as many as one-eighth of all the women—and the majority of the educated ones—did discuss this topic at some time in their married lives would seem to indicate that attitudes related to fertility are changing.

"Even though the attitudes of all the women taken together did not significantly favor fertility control, the educated groups are unequivocally unfavorable in their attitude toward excessive childbearing and appreciate its implications under current socioeconomic conditions. Although their modal preference, like that of the uneducated women, is for five or six children, they are much more positive that the size of a family is subject to human control. These are, undoubtedly, features characteristic of the beginnings of modernization.

"That attitudes and actual behavior do not often coincide, however, is borne out by the fact that the fertility of the educated women is as high as that of their uneducated counterparts. Nevertheless, the fact that their attitudes have become largely unsuited to the idea of having large families would seem to suggest that fertility control among them is only a matter of time." (Author's abstract.)

Ortho Pharmaceutical Corporation. "Abortion: the Experience of Ob/Gyn Specialists in Five States that Permit It." ***Ortho Panel,*** **8: 2–7. 1971. 16-27**

In a survey of 4,212 ob/gyn specialists in private practice in California, Colorado, Hawaii, Maryland, and New York, 2,188 or 52 percent completed a questionnaire on their experiences with abortion. A total of 1,800 physicians (60 percent) had performed abortions in the three-month period under study and 78 percent of those who had not

done so (888 physicians) had referred abortion patients to other physicians or facilities. Of the 1,300 physicians doing abortions, 90 percent stated that they should be performed by ob/gyn specialists, 72 percent in hospitals, and 64 percent in special abortion wards. About one-half of the physicians doing abortions require the husband's consent and parental consent for minors. Ninety-eight percent of the 1,300 physicians stated that they routinely prescribed contraception for postabortion patients.

Rao, M. N. and K. K. Mathen. *Rural Field Study of Population Control, Singur (1957–1969).* All India Institute of Hygiene and Public Health, 1970. 88 pp. 16-28

A baseline survey showed most couples in the experimental and control areas to be illiterate and ignorant of birth control methods; 85 percent of couples with three or more children wanted no more. After an extensive education campaign in the experimental area, the percentage using contraception (mainly rhythm, foam, condom, or a combination) rose from 38 percent in 1957 to about 54 percent in 1961; the crude birth rate declined from 45.2 in 1956 to 36.9 in 1961. The decline was not maintained after 1962 when the action program was curtailed. The birth rate in the control area had declined little between 1956 and 1961, but fell more steeply during the 1962–1968 follow-up period. Changes in birth rates in both areas are ascribed not only to program factors but also to differences in the source and quality of vital statistics and contamination of the control area from the education campaign and the National Family Planning Program.

Simmons, George B. *The Indian Investment in Family Planning.* The Population Council, 1971. 213 pp. 16-29

The impact of family planning programs can be measured by economic rather than demographic criteria in terms of economic return on the investment of scarce resources. Using this approach, an evaluation is made of the Indian family planning program. The value of a prevented birth and the number of births prevented are estimated to assess the economic benefits of the program. Values affecting the size of a family and motivation for change are discussed as well as a history of the attitude of Indian economic planners toward fertility control programs disregarding the economic potential. Bibliography and index.

Tietze, Christopher and Sarah Lewit. "The IUD and the Pill: Extended Use-Effectiveness." *Family Planning Perspectives,* 3 (2): 53–55. April 1971. 16-30

A study of the extended use-effectiveness of intrauterine and oral contraceptives, investigating 2900 women over a 12–18 month period, showed that women choosing the IUD as their first method were more persistent users than women initially accepting the pill. Those who did discontinue using the IUD were more likely than pill users to adopt another method rather than discontinue contraception altogether. Among these women from clinics in Atlanta, Georgia, and Brooklyn and Buffalo, New York, those who started with the IUD were older than those beginning contraception with the pill. The older IUD users were more likely to continue with that method, and with contraception, than younger women choosing the IUD; the pattern of continuation by age was less consistent for pill users. Lower termination and pregnancy rates of the IUD acceptors suggest that older women were more likely than younger women to use contraception to prevent more births rather than to space their children.

Zatuchni, Gerald I. (ed.). *Postpartum Family Planning: A Report on the International Program.* McGraw-Hill Book Company, 1971. 477 pp. 16-31

Twenty-six hospitals in 19 cities participated in the Population Council's International Postpartum Program which offered family planning education and services to women, particularly of low socioeconomic status, in the immediate postdelivery period. Among these hospitals were the three largest maternity services in the world. Zatuchni presents the two-year program's potentialities, methods, and results and includes papers presented at the International Postpartum Family Planning Program Conference grouped under the following headings: "Postpartum Program: Operation and Overview;" "Education and Training;" "Hospital Programs;" "Achievements and Problems;" "Contraceptive Methods;" "Special Aspects;" and "Future Considerations." The text is supplemented by 154 tables, 38 charts, and five appendices.

Population Policy

Callahan, Daniel. *Ethics and Population Limitation.* The Population Council, 1971. 45 pp. 16-32

The paper is divided into four sections: General Ethical Issues, The Development of Ethical Criteria, The Ethical Actors, and Some Specific Issues. In the first section freedom, justice, and security/survival are established as the predominant values by which the ethical questions involved in the problem of excessive population growth must be weighed. In the next section individual freedom of choice is given cautiously as the main ethical criterion. Section three deals with the obligations and rights of those who determine the ranking of preferences in population limitation programs and proposals. In the final section Callahan discusses 18 specific ethical issues confronting governments and organizations, given that individual freedom of choice has primary value. Concludes with four pages of notes.

Note. "Legal Analysis and Population Control: The Problem of Coercion." *Harvard Law Review,* 84 (8): 1856–1911. June 1971. 16-33

The tests and standards that have emerged in the Supreme Court's review of legislative and government action may be instructively applied to population control proposals.
An acceptable population control program could not impose a choice between a desired child and serious economic deprivation. An acceptable program could be established when a minimum standard of living was assured through income redistribution. Disincentives and incentives would be established on a sliding scale, from subsidies to the very poor for not having children to progressively increasing taxes for children at higher income levels. Subsidies and taxes would be adjusted to achieve the number of births desired by society.

General

Edmands, Elizabeth M. (ed.). *A Report on the First National Family Planning Conference for Nurse Educators in Baccalaureate Schools of Nursing.* Carolina Population Center Monograph No. 7, Chapel Hill, 1970. 205 pp. 16-34

In an integrated approach to family planning as part of total health services as well as in specific family planning programs, nursing roles and opportunities require that more specific training in population subjects be given in schools of nursing. Faculty members must have adequate knowledge and understanding of this field. Eighteen papers are presented on demographic aspects; causes and consequences of family structure and contraceptive behavior; educational objectives for professionals, communities, and families; and the role and opportunities of nursing in population work. A summary of the conference is included.

Piotrow, Phyllis T. (ed.). *Population and Family Planning in the People's Republic of China.* The Victor-Bostrom Fund and The Population Crisis Committee, Spring 1970. 34 pp. 16-35

A collection of articles and quotations from Chinese and western sources on family planning, population, and public health in the People's Republic of China describes the Chinese public health system and family planning and abortion services provided within it. It also describes social pressures against early marriage and large families. The material ranges from a 1971 article by Edgar Snow to a 1957 quote from Mao Tse-tung.

THE POPULATION COUNCIL

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